



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
**Annual Certification for
Mercury-Added Lamp Manufacturers**

20

Calendar Year

MassDEP Facility ID#

Filing Deadline: This form is due to MassDEP on March 1 following the calendar year for which you are certifying.
For calendar year 2007 only, the deadline is May 16, 2008.

A. Business Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name

Street Address

City/Town

State

Zip Code

Contact Person

Contact Telephone

Contact Email Address

Mailing Address (if different)

Street Address/P.O. Box

City/Town

State

Zip Code

B. Applicability

1. Do you manufacture or import directly any mercury-added lamps that were sold, offered for sale or distribution in Massachusetts in the year covered by the certification? [310 CMR 75.05]

☐ Yes*

☐ No**

* If you answered **YES** to **either** of the questions above, you must complete the entire form. Skip to Section C on the next page.

** If you answered **NO**, sign below, complete the fields beneath your signature, and return this page of the form to:

MassDEP Mercury Product Program
One Winter Street, 6th Floor
Boston, MA 02108

Keep a copy of the completed form for your records.

Signature

Name

Title

Date (DD/MM/YYYY)



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C. Compliance with Education Plan Requirements

1. Have you developed and filed with MassDEP an education plan that contains the information required by 310 CMR 75.05?

☐ Yes – Company is participating in the plan submitted by NEMA.

☐ Yes – Company developed and submitted its own education plan:

Name of Plan

Date Filed

☐ No – Submit Return to Compliance Plan to MassDEP*

*Must be accompanied by an education plan that meets the requirements of 310 CMR 75.05 or a plan to collect and recycle your end-of-life mercury-added lamps per 310 CMR 75.04.

2. If you answered YES to Question 1, are you implementing all provisions of the education plan? [310 CMR 75.05(5)(a)]

☐ Yes

☐ No – Submit Return to Compliance Plan

3. Did you revise your education plan during the year covered by the certification?

☐ Yes – Answer Question 4

☐ No – Skip to Section D

4. If you answered YES to Question 3, did you file your revised education plan with MassDEP?

☐ Yes

☐ No – Submit Return to Compliance Plan

D. Mercury-Added Lamp Sales in Massachusetts

1. How many mercury-added lamps did your company sell or distribute for sale in Massachusetts in the year covered by the certification? [310 CMR 75.05(5)(b)]

Number of Units

2. How many mercury-added lamps from Massachusetts were recycled in the year covered by the certification? [310 CMR 75.05(5)(c)]

Number of Units

3. Describe any significant changes in the average life expectancy of your lamps since the submittal of your "baseline" report required by 310 CMR 75.05(4).



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E. Records Retention

1. Did your company retain records to support this certification, as required by 310 CMR 75.04(8)?
Records must be maintained for five (5) years and be made available to MassDEP upon request.

NOTE: Records may include your agreement with NEMA to participate in its education plan or proof of receipt by MassDEP of your own education or collection plan, and documentation of the number of mercury-added lamps sold and recycled.

☐ Yes

☐ No – Submit Return to Compliance Plan

F. Certification Statement

I attest under pains and penalties of perjury:

I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;

III. That systems to maintain compliance are in place at the business and will be maintained even if processes or operating procedures are changed; and

IV. That I am fully authorized to make this attestation on behalf of this business.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.

Authorized Signature

Printed Name

Title

Date Signed (MM/DD/YYYY)

Source of Signatory Authority:

If a Corporation:

☐ President

☐ Secretary

☐ Treasurer

☐ Vice President

☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor

KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:

MassDEP Mercury Product Program
One Winter Street, 6th floor
Boston, MA 02108